



**HAWAII STATE ETHICS COMMISSION**  
 1001 BISHOP STREET, ASB TOWER 970  
 P.O. BOX 616, HONOLULU, HAWAII 96809  
 TEL: 587-0460 FAX: 587-0470  
 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII  
STATE ETHICS COMMISSION**LOBBYIST REGISTRATION FORM**

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Botti	Richard	C	808-479-7966
MAILING ADDRESS (Street)			FAX
820 Mililani St., Suite 810			808-883-1424
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
LEGISLATIVE INFORMATION SERVICES OF HAWAII, INC.			808-533-6750
MAILING ADDRESS (Street)			FAX
820 Mililani St., Suite 810			808-599-2606
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Medical Association			536-7702
MAILING ADDRESS (Street)			FAX
1360 S. Beretania St., Suite 200			808-528-2376
(City)	(State)	(Zip Code)	
Honolulu	HI	96814	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Paula Arcena			808-536-7702
MAILING ADDRESS (Street)			FAX
1360 S. Beretania St., Suite 200			808-528-2376
(City)	(State)	(Zip Code)	
Honolulu	HI	96814	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Agriculture                               | <input checked="" type="checkbox"/> Education                      | <input checked="" type="checkbox"/> Human Services                                     | <input checked="" type="checkbox"/> Science, Technology & Economic Development  |
| <input type="checkbox"/> Communications & Public Utilities         | <input checked="" type="checkbox"/> Government Operation & Finance | <input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                                   |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs                          | <input checked="" type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation   |
| <input type="checkbox"/> Culture, Arts, Historic Preservation      | <input checked="" type="checkbox"/> Health                         | <input type="checkbox"/> Planning, Land & Water Use Management                         | <input checked="" type="checkbox"/> Other: (indicate below)<br><u>Judiciary</u> |
| <input type="checkbox"/> Ecology, Energy Environmental Protection  | <input type="checkbox"/> Housing                                   | <input type="checkbox"/> Public Safety & Corrections                                   |   |

**PART IV CERTIFICATION OF LOBBYIST**

*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*


X 

(Signature of Lobbyist)

X 1-31-07

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME Paula Arcena		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Executive Director	
NAME OF ORGANIZATION (if applicable) Hawaii Medical Association (HMA)		TELEPHONE 808-536-7702	
MAILING ADDRESS (Street) 1360 S. Beretania St., Suite 200		FAX 808-528-2376	
(City) Honolulu	(State) HI	(Zip Code) 96814	
<p><i>I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.</i></p> <p></p> <p>(Signature of Authorizing Officer or Person Represented)</p>			
		<p>1/25/07</p> <p>(Date)</p>	